

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-576)**

SERIAL NO. **09/786553** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		1
3		2		2		2
4		3		3		3
5		4		4		4
6		5		5		5
7		6		6		6
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TOTAL IND.	1		1		1	
TOTAL DEP.		14		13		13
TOTAL CLAIMS	1	15	1	14	1	14

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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BEST AVAILABLE COPY